

# How providers can navigate changes in utilization management



**Utilization management (UM)** works to ensure that the right health care service is being issued to the right patient at the right time, with the least possible burden for patients and providers.

However, it’s not without its challenges. Providers may face:



Fragmented, outdated and often highly manual internal processes.



Time-consuming paperwork and question sets that may lead to gaps in care.



Confusion surrounding certain benefit requirements and processes.

## Recent UM regulation and legislation

Although an important part of the UM process, prior authorization has been under intense media and regulatory scrutiny in recent years, with common complaints involving administrative burden, delays in care and provider dissatisfaction. In response, legislators and regulators at both the federal and state levels have been turning their attention to utilization management. Here are recent developments providers should know about:

- + The Centers for Medicare & Medicaid Services (CMS) recently finalized major rules, including the [CMS Interoperability and Prior Authorization](#).
- + State legislatures have passed laws, such as Vermont’s [HB766](#), which prohibits commercial health plans from requiring prior authorization for any care ordered by a primary care physician.
- + In 2024, there have been **19 proposed bills** to waive some prior authorization processes for providers who meet certain criteria, with three states passing such laws.

## Trends in utilization management

As a result of increased regulatory pressure across the country, some health insurers have begun to reduce prior authorization requirements, replace it with new processes or incorporate new technologies into their systems, such as:

- Utilizing artificial intelligence (AI)** to help automate the prior authorization process.
- Emphasizing ePA** to reduce turnaround time.
- Developments like utilizing AI and ePAs should be welcomed, as breakthrough technology can reduce pain points and help to alleviate provider burden.
- Implementing gold card programs** that allow providers who meet certain eligibility requirements to bypass prior authorization for many procedures.
- Requiring advanced notification** to qualify for such gold card programs.
- Developments that would bypass prior authorization entirely, such as gold carding, may not maintain patient safety or minimize waste.

Eliminating certain utilization management functions could potentially increase commercial premiums by approximately **\$600 to \$1,500** per member annually.<sup>1</sup>



**\$600 - \$1.5K**  
annual increase in premiums

## How EviCore is simplifying the UM experience for providers

- Using predictive AI** in place of the survey for select services leading to faster, more accurate outcomes
- Providing immediate approvals** for 40-60% of eligible prior authorization requests
- Leveraging integrated data** to reduce the question sets we send to providers to complete

A better utilization management experience means creating a more effective, collaborative and transparent system for providers through data, technology and innovative approaches.



Read our full white paper on how to stay ahead of a rapidly evolving utilization management landscape [here](#).